SECTION 404 (2)(c) Part 1 TOTAL CMHSP COSTS BY SERVICE CATEGORY FY 2014

Statewide Summary

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2014 MDCH/CMHSP contract. Cost data were collected for the reporting period October 1, 2013 to September 30, 2014 and submitted to MDCH by March 2, 2015. The data in this section represent the total statewide CMHSP costs for each of the three consumer populations (Adults with Mental Illness, Children with an Emotional Disturbance, and Persons with Developmental Disability) by service category. All Department approved services are included.

Definitions for terms found in this section are presented in Section 404(3).

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	574	95,386	\$52,348,313	\$91,199	\$549	166
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6,170	61,582	\$33,889,488	\$5,493	\$550	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13,737	126,603	\$75,489,659	\$5,495	\$596	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of treatments	2,251	3,204	\$747,936	\$332	\$233	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	24	187	\$132,167	\$5,507	\$707	8
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	1	23	\$9,463	\$9,463	\$411	23
Outpatient Partial Hospitalization	0912	·		Encounter	1,055	6,847	\$1,604,484	\$1,521	\$234	6
Outpatient Partial Hospitalization	0913			# of visits	41	216	\$94,884	\$2,314	\$439	5
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	1	24	\$811	\$811	\$34	24
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	490	592	\$17,304	\$35	\$29	1
Drug Screen for Methadone Clients Only		80101		Minutes	7	65	\$132	\$19	\$2	9
Interactive Complexity - Add On Code		90785		Per Screen	104	253	\$4,780	\$46	\$19	2
Assessment		90791			17,715	22,172	\$5,927,236	\$335	\$267	1
Assessment		90792		Encounter	24,619	29,502	\$8,922,701	\$362	\$302	1
Mental Health: Outpatient Care		90832		Encounter	21,740	54,443	\$4,300,176	\$198	\$79	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	16	18	\$2,000	\$125	\$111	1
Assessment		90833		Encounter	59	76	\$11,172	\$189	\$147	1
Mental Health: Outpatient Care		90834		Encounter	29,301	118,607	\$15,689,953	\$535	\$132	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	76	161	\$20,730	\$273	\$129	2
Assessment		90836		Encounter 20-30 Min	50	68	\$14,639	\$293	\$215	1
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	22,565	102,458	\$19,639,797	\$870	\$192	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	47	92	\$18,171	\$387	\$198	2
Assessment		90838		Encounter 45-50 Min	39	59	\$15,445	\$396	\$262	2
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	152	255	\$30,563	\$201	\$120	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	12	20	\$1,568	\$131	\$78	2
Therapy-Family Therapy		90846		Encounter 75-80 Min	220	876	\$98,545	\$448	\$112	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	738	2,231	\$335,024	\$454	\$150	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	1	13	\$1,686	\$1,686	\$130	13
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	10,075	95,431	\$7,716,054	\$766	\$81	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	53	468	\$41,534	\$784	\$89	9
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	13	108	\$80,995	\$6,230	\$750	8
Additional Codes-ECT Physician	0901	90870	·	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	918	1,539	\$116,486	\$127	\$76	2
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	565	1,312	\$398,263	\$705	\$304	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	18	40	\$10,679	\$593	\$267	2
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	121	175	\$26,370	\$218	\$151	1
Assessments-Other		96111		45 Minutes	3	8	\$601	\$200	\$75	3
Neurobehavioral Status Exam		96116		45 Minutes	4	12	\$1,070	\$268	\$89	3
Neuropsych test by Psych/Phys		96118		45 Minutes	3	6	\$974	\$325	\$162	2
Neuropsych test by Tech		96119		60 Minutes	1	3	\$193	\$193	\$64	3
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	9,058	152,425	\$7,840,463	\$866	\$51	17
Physical Therapy		97001		First 30-74 Min.	9	9	\$2,981	\$331	\$331	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	103	104	\$33,288	\$323	\$320	1
Occupational Therapy		97004		Encounter	9	11	\$2,973	\$330	\$270	1
Occupational or Physical Therapy		97110		Encounter	8	91	\$2,479	\$310	\$27	11
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	140	3,663	\$137,580	\$983	\$38	26
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SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide	Summary
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Service Category	Revenue Code HCPCS Co	de Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy	97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97533		Encounter	1	4	\$421	\$421	\$105	4
Occupational or Physical Therapy	97535		Encounter	55	2,051	\$107,735	\$1,959	\$53	37
Occupational or Physical Therapy	97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97542		Encounter	1	4	\$300	\$300	\$75	4
Occupational or Physical Therapy	97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97760		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy	97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services	97802		Encounter	97	461	\$31,881	\$329	\$69	5
Assessment or Health Services	97803		First Hour	47	666	\$29,988	\$638	\$45	14
Health Services	97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture	97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture	97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management	99201		Per Hour	344	512	\$45,574	\$132	\$89	1
New Patient Evaluation and Management	99202		Per Hour	588	613	\$92,314	\$157	\$151	1
New Patient Evaluation and Management	99203		Per Hour	458	460	\$80,598	\$176	\$175	1
Substance Abuse: New Patient Evaluation and Management	99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management	99204		Encounter	352	354	\$106,667	\$303	\$301	1
Substance Abuse: New Patient Evaluation and Management	99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management	99205		Hour	815	822	\$373,633	\$458	\$455	1
Substance Abuse: New Patient Evaluation and Management	99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management	99211		Per Hour	5,084	11,789	\$1,046,503	\$206	\$89	2
Established Patient Evaluation and Management	99212		Encounter	21,919	48,166	\$4,897,974	\$223	\$102	2
Established Patient Evaluation and Management	99213		Encounter	61,420	196,244	\$23,233,634	\$378	\$118	3
Established Patient Evaluation and Management	99214		15 Minutes	24,972	55,804	\$10,530,771	\$422	\$189	2
Established Patient Evaluation and Management	99215		15 Minutes	3,803	5,646	\$1,792,776	\$471	\$318	1
Additional Codes-Physician Services	99221		15 Minutes	264	279	\$20,992	\$80	\$75	1
Additional Codes-Physician Services	99222	-	15 Minutes	1,126	1,386	\$137,868	\$122	\$99	1
Additional Codes-Physician Services	99223	·	Encounter	744	838	\$83,227	\$112	\$99	1
Additional Codes-Physician Services	99224	-	15 Minutes	3	4	\$239	\$80	\$60	1
Additional Codes-Physician Services	99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99226		15 Minutes	0	0	\$0	\$0	\$0	0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide	Summary
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Statewide Summary				Unit	C	TT-5-	_		Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case		
Additional Codes-Physician Services		99231		15 Minutes	1,684	6,259	\$335,123	\$199	\$54	4
Additional Codes-Physician Services		99232		15 Minutes	1,832	7,690	\$496,969	\$271	\$65	4
Additional Codes-Physician Services		99233		15 Minutes	1,051	3,505	\$296,704	\$282	\$85	3
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	12	20	\$1,942	\$162	\$97	2
Assessment		99335		Encounter	6	10	\$1,954	\$326	\$195	2
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	1	1	\$457	\$457	\$457	1
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	3	6	\$2,087	\$696	\$348	2
Assessment		99348		Encounter	7	16	\$1,194	\$171	\$75	2
Assessment		99349		Encounter	3	5	\$232	\$77	\$46	2
Assessment		99350		50 Minutes	1	1	\$89	\$89	\$89	1
Medication Administration		99506		15 Minutes	58	185	\$26,392	\$455	\$143	3
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	3	3	\$3,648	\$1,216	\$1,216	1
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	158	236	\$11,766	\$74	\$50	1
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	14	14	\$808	\$58	\$58	1
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	166	3,822	\$35,098	\$211	\$9	23
Transportation		A0130		Encounter	99	102	\$3,815	\$39	\$37	1
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	851	22,861	\$123,579	\$145	\$5	27
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SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category		yanaa a .		Unit	Cases	Units	Cont	G-+/G	Cost/Unit	Unit/Case
Additional Codes-Transportation	Revenue Code	HCPCS Code A0427	Modifier	Measure Encounter	297	329	Cost \$100,151	Cost/Case \$337	\$304	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	2	4	\$3,333	\$1,666	\$833	2
		G0177		Encounter	285	1,814	\$328.293	\$1,152	\$181	6
Family Training/Support EBP only										
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	416	462	\$49,475	\$119	\$107	1
Assessment		H0002		Encounter	22,357	25,685	\$5,489,342	\$246	\$214	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	465	3,093	\$94,385	\$203	\$31	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	369	2,362	\$145,929	\$395	\$62	6
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	57	164	\$44,280	\$777	\$270	3
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	36	123	\$27,675	\$769	\$225	3
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	6	69	\$14,719	\$2,453	\$213	12
Crisis Residential Services		H0018		Encounter	3,483	23,047	\$8,667,025	\$2,488	\$376	7
Substance Abuse: Residential	1002	H0018		Encounter	100	1,959	\$306,648	\$3,066	\$157	20
Substance Abuse: Residential	1002	H0019		Encounter	28	1,045	\$157,021	\$5,608	\$150	37
Substance Abuse: Methadone		H0020		Encounter	168	31,473	\$220,311	\$1,311	\$7	187
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1,020	42,880	\$2,773,065	\$2,719	\$65	42
Prevention Services - Direct Model		H0025		Encounter	144	2,059	\$331,510	\$2,302	\$161	14
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	60,567	78,210	\$17,810,340	\$294	\$228	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	48,918	81,270	\$12,897,565	\$264	\$159	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	5,452	9,173	\$1,664,969	\$305	\$182	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	1,054	3,014	\$349,653	\$332	\$116	3
Home Based Services		H0036		Encounter	858	81,558	\$5,630,415	\$6,562	\$69	95
Home Based Services		H0036	ST	Encounter	3	23	\$1,385	\$462	\$60	8
Peer Directed and Operated Support Services		H0038		Encounter	16,972	675,218	\$12,841,635	\$757	\$19	40
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
		27.			0.00		40.000.000	A. 205		

Encounter

930

\$3,987,799

\$4,288

0

State of Michigan

NA

Peer Directed and Operated Support Services

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Serves (Capter) Person (Ca	Statewide Summary				Unit						
Processor 1980 Processor 1500 2800	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Part	Assertive Community Treatment (ACT)		H0039		Encounter	5,641	986,804	\$54,499,173	\$9,661	\$55	175
Post Discostant Disposite Services 1904 1905			H0043		Encounter	1,548	268,843	\$20,917,292	\$13,512	\$78	174
Selective Flatenarity	Respite		H0045		Encounter	83	2,463	\$88,811	\$1,070	\$36	30
Substance Above: Computerer Treatment 1000, 0500, 0114, 0115, 01150 10000 10000, 0114, 01150 10000 10000, 0114, 01150 10000 10000, 0114, 01150 10000 10000, 0114, 01150 10000 10000, 0114, 01150 10000 10000, 0114, 01150 100000, 01150 100000, 01150 100000, 01150 100000, 01150 100000, 01150 100000,	Peer Directed and Operated Support Services		H0046		Encounter	255	22,079	\$617,385	\$2,421	\$28	87
Publish Publ	Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Production Plane Network Medication Services - Hill Pools 12000	Substance Abuse: Outpatient Treatment		H0050		Encounter	4	22	\$694	\$174	\$32	6
Comparison Medication Services - FIRP only 12010 Eacounter 20 20 20 20 20 20 20 2	Behavior Treatment Plan Review		H2000		Encounter	228	718	\$76,199	\$334	\$106	3
Cross innervention 112011 Bacounter 20,280 230,917 \$10,480,680 \$517 \$45 11	Behavior Treatment Plan Review - Monitoring Activities	s	H2000	TS	Encounter	109	651	\$85,898	\$788	\$132	6
Scale Braiding and Our of Home Non Vocational Habilitation H2014 Eacounter \$3,22 2,061,277 \$8,225,00 \$2,553 \$34 \$490 \$0.000000000000000000000000000000000	Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)	Crisis Intervention		H2011		Encounter	20,290	230,917	\$10,490,680	\$517	\$45	11
Community Living Supports (Daily)	Skill-Building and Out of Home Non Vocational Habilita	ation	H2014		Encounter	3,222	2,061,277	\$8,225,039	\$2,553	\$4	640
Community Living Supports (Dully) H2016 TF 15 Minutes 814 129,033 \$10,102,636 \$12,411 \$78 159 Community Living Supports (Dully) H2016 TG Per mile 3,812 805,162 \$76,824,309 \$20,153 \$95 211 Behavior Services H2019 Per mile 844 37,402 \$3,486,162 \$4,131 \$40 104 Criss Intervention H2020 Per one-way trip 0 0 50 \$50 \$50 \$0 0 Viraparound (SED Waiver) H2021 Per one-way trip 16 289 \$55,010 \$4,688 \$260 18 Wapparound (SED Waiver) H2022 TT Per one-way trip 0 0 \$50 \$4,688 \$260 18 Wapparound (SED Waiver) H2022 TT Per one-way trip 3,317 614,528 \$7,935,507 \$2,393 \$13 185 Mental Leath Therapy H2023 Per one-way trip 3,317 614,528 \$3,989,44 \$5,	Community Living Supports (15 Minutes)		H2015		Encounter	5,860	5,618,551	\$21,425,007	\$3,656	\$4	959
Community Living Supports (Duily) H2016 TG Per mile 3.812 805.162 \$76.824.309 \$20.153 \$95 211 Behavior Services H2019 Per mile 844 87.402 \$3.486.162 \$4.131 \$40 104 Crisis Intervention H2020 Per one-way trip 0 0 \$50 \$50 \$50 \$0 Wraparound EDWaiver) H2021 Per one-way trip 16 289 \$75.010 \$4.688 \$2.667 \$83 31 Wraparound (SED Waiver) H2022 Per one-way trip 16 289 \$75.010 \$4.688 \$2.60 18 Wraparound (SED Waiver) H2022 TT Per one-way trip 0 0 \$50 \$50 \$50 \$50 \$0 Wraparound (SED Waiver) H2022 TT Per one-way trip 3.317 614.528 \$7.936.507 \$2.393 \$13 818 Menial Health Therapy H2027 Per Mile 0 0 \$50 \$50 \$50 \$50 \$0 Substance Abuse Services Outpatient Care \$0000, 0914, 0915 H2027 Per Mile 0 0 \$50 \$50 \$50 \$50 \$0 Clubhouse Psychosocial Rehabilitation Programs H2030 Refer to code descriptions. \$2.914 \$5.619 \$5.414 \$5.409 \$5.414 \$5.409 Substance Abuse: Outpatient Care \$0900, 0906, 0914 H2035 Encounter \$2 181 \$14.691 \$5.436 \$5.421 \$5.510 \$0 Substance Abuse: Outpatient Care \$0900, 0906, 0914 H2036 Encounter \$2 181 \$14.691 \$5.436 \$5.421 \$5.510 \$0 Substance Abuse: Outpatient Care \$0900, 0906, 0914 H2036 Encounter \$2 181 \$14.691 \$5.436 \$5.421 \$5.436 \$6.4	Community Living Supports (Daily)		H2016		Encounter	1,129	230,878	\$13,125,083	\$11,625	\$57	204
Relativist Services	Community Living Supports (Daily)		H2016	TF	15 Minutes	814	129,503	\$10,102,636	\$12,411	\$78	159
Crisis Intervention H2020 Per one-way trip 0 0 S0 S0 S0 3 Wraparound H2021 Per one-way trip 32 991 \$82,159 \$2,567 \$83 31 Wraparound (SED Waiver) H2022 Per one-way trip 16 289 \$75,010 \$4,688 \$260 18 Wraparound (SED Waiver) H2022 TT Per one-way trip 0 0 80 \$0	Community Living Supports (Daily)		H2016	TG	Per mile	3,812	805,162	\$76,824,309	\$20,153	\$95	211
Wraparound H2021 Per one-way trip 32 991 \$82,159 \$2,567 \$83 31 Wraparound (SED Waiver) H2022 Per one-way trip 16 289 \$75,010 \$4,688 \$260 18 Wraparound (SED Waiver) H2022 TT Per one-way trip 0 0 \$0<	Behavior Services		H2019		Per mile	844	87,402	\$3,486,162	\$4,131	\$40	104
Wraparound (SED Waiver) H2022 Per one-way trip 16 289 575,010 \$4,688 \$260 18 Wraparound (SED Waiver) H2022 TT Per one-way trip 0 0 50 \$0 <t< td=""><td>Crisis Intervention</td><td></td><td>H2020</td><td></td><td>Per one-way trip</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<>	Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver) H2022 TT Per one-way trip 0 0 \$2,933 \$13 \$185 Mental Health Therapy H2027 TO 71 77,299 \$398,984 \$5,619 \$5 \$1,089 \$0 \$	Wraparound		H2021		Per one-way trip	32	991	\$82,159	\$2,567	\$83	31
Supported Employment Services H2023 Per one-way trip 3.317 614,528 \$7,936,507 \$2,393 \$13 185 Mental Health Therapy H2027 Per Mile 0 0 \$398,984 \$5,619 \$5 1,089 Substance Abuse Services: Outpatient Care 0900, 0914, 0915, 0916, 0919 H2027 Per Mile 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Wraparound (SED Waiver)		H2022		Per one-way trip	16	289	\$75,010	\$4,688	\$260	18
Mental Health Therapy H2027 71 77,299 \$398,984 \$5,619 \$5 1,089 Substance Abuse Services: Outpatient Care 0900, 0914, 0915, 0916, 0919 H2027 Per Mile 0 0 \$0	Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care 0900, 0914, 0915, 0916, 0919 H2027 Per Mile 0 0 \$0	Supported Employment Services		H2023		Per one-way trip	3,317	614,528	\$7,936,507	\$2,393	\$13	185
Clubhouse Psychosocial Rehabilitation Programs H2030 Refer to code descriptions. Refer to code descriptions. H2033 Items 2 181 \$14,691 \$7,346 \$81 91	Mental Health Therapy		H2027			71	77,299	\$398,984	\$5,619	\$5	1,089
Home Based Services H2033 Items 2 181 \$14,691 \$7,346 \$81 91	Substance Abuse Services: Outpatient Care		H2027		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 H2035 Encounter 0 0 \$14 \$2 \$14 \$0 \$0 \$0 \$0 \$14 \$14 \$0 \$0 \$0 \$0 \$14 \$14 \$0 \$0 \$0 \$0 \$14 \$0 <td>Clubhouse Psychosocial Rehabilitation Programs</td> <td></td> <td>H2030</td> <td></td> <td></td> <td>3,956</td> <td>4,153,125</td> <td>\$21,445,063</td> <td>\$5,421</td> <td>\$5</td> <td>1,050</td>	Clubhouse Psychosocial Rehabilitation Programs		H2030			3,956	4,153,125	\$21,445,063	\$5,421	\$5	1,050
United Session 4 (9915, 0916, 0919) H2036 Encounter Session at least 45 min 3 23 \$327 \$109 \$14 8 Medication Review M0064 Encounter 9,291 19,773 \$1,771,952 \$191 \$90 2 Transportation \$0209 Encounter 0 0 \$	Home Based Services		H2033		Items	2	181	\$14,691	\$7,346	\$81	91
Medication Review least 45 min Medication Review M0064 Encounter 9,291 19,773 \$1,771,952 \$191 \$90 2 Transportation \$0209 Encounter 0 0 \$0	Substance Abuse: Outpatient Care		H2035		Encounter	0	0	\$0	\$0	\$0	0
Transportation S0209 Encounter 0 0 \$0<	Substance Abuse: Outpatient Care		H2036			3	23	\$327	\$109	\$14	8
Transportation S0215 Encounter 1 288 \$302 \$302 \$1 288	Medication Review		M0064		Encounter	9,291	19,773	\$1,771,952	\$191	\$90	2
	Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation S0215 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Transportation		S0215		Encounter	1	288	\$302	\$302	\$1	288
	Substance Abuse Services: Transportation		S0215	·	15 Minutes	0	0	\$0	\$0	\$0	0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

State of Michigan

Adults with Mental Illness			30	DB-ELEMENT COST RE	.FORT. FISCAI	1 ear 2014				
Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training - EBP		S5110		Encounter	95	1,166	\$66,122	\$696	\$57	12
Family Training		S5111		Days	162	1,418	\$234,540	\$1,448	\$165	9
Family Training		S5111	HA	Days	2	9	\$3,374	\$1,687	\$375	5
Family Training		S5111	НМ	Days	57	629	\$110,613	\$1,941	\$176	11
Foster Care		S5140		Days	2	730	\$119,283	\$59,642	\$163	365
Foster Care		S5145		Days	1	220	\$71,628	\$71,628	\$326	220
Respite		S5150		Days	1	968	\$1,404	\$1,404	\$1	968
Respite		S5151		Encounter	4	26	\$6,043	\$1,511	\$232	7
Personal Emergency Response System (PERS)		S5160		Encounter	5	5	\$1,409	\$282	\$282	1
Personal Emergency Response System (PERS)		S5161		Encounter	52	467	\$380,843	\$7,324	\$816	9
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	5	19	\$2,357	\$471	\$124	4
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	9,771	25,403	\$2,255,565	\$231	\$89	3
Health Services		S9446		15 minutes	901	5,633	\$1,054,694	\$1,171	\$187	6
Health Services		S9470		15 Minutes	47	167	\$21,254	\$452	\$127	4
Prevention Services - Direct Model		S9482			126	5,724	\$628,568	\$4,989	\$110	45
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	585	5,364	\$1,051,134	\$1,797	\$196	9
Residential Room and Board		S9976		Per diem	1,594	26,130	\$832,197	\$522	\$32	16
Substance Abuse Services: Residential Room and Board		S9976		Days	2	19	\$513	\$257	\$27	10
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	18,782	21,484	\$2,918,420	\$155	\$136	1
Health Services		T1002		15 Minutes	20,010	93,200	\$6,622,861	\$331	\$71	5
Respite Care		T1005		Encounter	114	65,808	\$305,877	\$2,683	\$5	577
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	2	116	\$268	\$134	\$2	58
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	1	364	\$1,268	\$1,268	\$3	364
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	40	367	\$5,505	\$138	\$15	9
Family Psycho-Education - EBP		T1015		Per Diem	144	320	\$35,215	\$245	\$110	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	10,464	201,997	\$16,923,464	\$1,617	\$84	19

Per Diem

65,640

1,965,848

\$112,662,443

\$1,716

\$57

30

Targeted Case Management

T1017

State of Michigan

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summary				Unit		** .			Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case		
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	1,230	15,777	\$1,285,131	\$1,045	\$81	13
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	1,978	389,524	\$11,716,239	\$5,923	\$30	197
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	845	134,936	\$8,866,013	\$10,492	\$66	160
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2,326	516,136	\$26,269,428	\$11,294	\$51	222
Assessments		T1023		15 Minutes	14,161	18,677	\$9,249,905	\$653	\$495	1
Prevention Services - Direct Model		T1027		Days	15	609	\$35,196	\$2,346	\$58	41
Enhanced Medical Supplies or Pharmacy		T1999		Days	555	2,292	\$112,824	\$203	\$49	4
Transportation		T2001		15 minutes	14	101	\$1,515	\$108	\$15	7
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	226	152,450	\$103,013	\$456	\$1	675
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	2,817	33,292	\$746,493	\$265	\$22	12
Substance Abuse Services: Transportation		T2003		Hour	20	47	\$615	\$31	\$13	2
Transportation		T2004		Per Diem	1	1	\$2,359	\$2,359	\$2,359	1
Substance Abuse Services: Transportation		T2004		15 Minutes	3	138	\$178	\$59	\$1	46
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	1	12	\$4,065	\$4,065	\$339	12
Fiscal Intermediary Services		T2025		15 Minutes	342	1,991	\$209,155	\$612	\$105	6
Enhanced Medical Equipment-Supplies		T2028		Encounter	3	5	\$3,979	\$1,326	\$796	2
Enhanced Medical Equipment-Supplies		T2029		Encounter	1	1	\$272	\$272	\$272	1
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	1,311	7,380	\$1,744,077	\$1,330	\$236	6
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	2	2	\$1,014	\$507	\$507	1
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	1	1	\$1,001	\$1,001	\$1,001	1
Pharmacy (Drugs and Other Biologicals)				Encounter	5,117	0	\$3,349,629	\$655	\$0	0
Other				Month	1,367	0	\$277,539	\$203	\$0	0
Aggregate for 'J' Codes		ALL		Service	1,599	0	\$8,840,829	\$5,529	\$0	0
Total Population and Cost					155,623		\$824,500,381			

SUB-ELEMENT COST REPORT: Fiscal Year 2014

State of Michigan

Statewide summary Unit Service Category Measure Units Cost Cost/Case Cost/Unit Unit/Case Revenue Code HCPCS Code Modifier Cases State Psychiatric Hospital - Inpatient PT22 0100, 0101, 0114, PT22 Days 240 8,033 \$2,914,180 \$12,142 \$363 33 0124, 0134, 0154 PT65 \$0 State Mental Retardation Facility - Inpatient (ICF/MR) PT65 Days 0 0 \$0 \$0 0 Local Psychiatric Hospital/IMD PT68 0100, 0101, 0114, PT68 2,278 18,958 \$12,066,623 \$5,297 \$636 Days 0124, 0134, 0154 Local Psychiatric Hospital - Acute Community PT73 0100, 0101, 0114, PT73 Days 731 6,294 \$4,451,094 \$6,089 \$707 9 0124, 0134, 0154 Inpatient Hospital Ancillary Services - Room and Board 0 \$0 \$0 \$0 0144 Amount 0 0 Inpatient Hospital Ancillary Services - Leave of Absence 0183 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-\$0 0 0 \$0 \$0 0 Days 0258 Inpatient Hospital Ancillary Services - Medical/Surgical 0270-0272 \$0 Days 0 0 \$0 Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Radiology 0320 0 0 \$0 \$0 \$0 # of items 0 ECT Anesthesia 0370 # of tests 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Respiratory Services 0410 0 0 \$0 \$0 \$0 0 # of tests 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services -Physical Therapy 0420-0424 Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 # of treatments 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Speech-Language 0 0 \$0 \$0 \$0 0 0440-0444 # of treatments Pathology Inpatient Hospital Ancillary Services - Emergency Room # of treatments 3 3 \$712 \$237 Inpatient Hospital Ancillary Services - Pulmonary Function 0460 # of treatments 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Audiology 0470-0472 0 0 \$0 \$0 \$0 0 # of visits Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 # of tests 0 0 \$0 \$0 \$0 0 Technology (MRT) 0 \$0 Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 \$0 \$0 0 ECT Recovery Room 0710 # of tests 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services -EKG/ECG 0730-0731 0 0 \$0 \$0 \$0 0 # of units Inpatient Hospital Ancillary Services - EEG 0740 0 0 \$0 \$0 \$0 0 Crisis Observation Care 0762 # of tests 0 0 \$0 \$0 \$0 0 Additional Codes-ECT Facility Charge # of tests 2 32 \$28,903 \$14,452 \$903 16 0900, 0902-0904. Inpatient Hospital Ancillary Services -Hour 1 23 \$12,802 \$12,802 \$557 23 Psychiatric/Psychological Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 1,271 11,021 \$3,205,421 \$2,522 \$291 9 Encounter 0 \$0 Outpatient Partial Hospitalization 0913 # of visits 0 \$0 \$0 0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	1	1	\$25	\$25	\$25	1
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	378	1,562	\$31,970	\$85	\$20	4
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			4,650	8,499	\$1,620,589	\$349	\$191	2
Assessment for Autism		90791	U5		3	3	\$1,276	\$425	\$425	1
Assessment		90792		Encounter	6,570	7,173	\$2,694,283	\$410	\$376	1
Assessment for Autism		90792	U5	Encounter	3	3	\$2,136	\$712	\$712	1
Mental Health: Outpatient Care		90832		Encounter	6,152	15,218	\$1,477,873	\$240	\$97	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	3	3	\$158	\$53	\$53	1
Assessment		90833		Encounter	10	13	\$2,055	\$206	\$158	1
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	11,307	50,806	\$6,462,034	\$572	\$127	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	10	13	\$1,229	\$123	\$95	1
Assessment		90836		Encounter 20-30 Min	4	4	\$982	\$245	\$245	1
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	10,051	47,309	\$9,018,734	\$897	\$191	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	12	12	\$1,739	\$145	\$145	1
Assessment		90838		Encounter 45-50 Min	42	45	\$14,888	\$354	\$331	1
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	25	35	\$4,680	\$187	\$134	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	2	2	\$109	\$54	\$54	1
Therapy-Family Therapy	-	90846		Encounter 75-80 Min	3,461	14,931	\$2,011,408	\$581	\$135	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	3	4	\$183	\$61	\$46	1
Therapy-Family Therapy		90847		Encounter 75-80 Min	11,813	52,936	\$7,877,676	\$667	\$149	4

SUB-ELEMENT COST REPORT: Fiscal Year 2014

State of Michigan

Statewide summary

Statewide summ	nary			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	2	3	\$496	\$248	\$165	2
Therapy-Family Therapy		90849		Encounter 20-30 Min	113	365	\$56,168	\$497	\$154	3
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	65	321	\$12,009	\$185	\$37	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	2,143	15,982	\$1,190,892	\$556	\$75	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	2	4	\$219	\$109	\$55	2
Pharmacological Management (SED Waiver)		90863		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter 75-80 Min	291	298	\$36,887	\$127	\$124	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	6	6	\$595	\$99	\$99	1
Speech & Language Therapy		92507		Encounter 75-80 Min	25	519	\$39,321	\$1,573	\$76	21
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	12	17	\$2,111	\$176	\$124	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1,384	3,363	\$1,041,775	\$753	\$310	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	85	411	\$143,858	\$1,692	\$350	5
Psychological Testing by Technician		96102		Encounter 75-80 Min	19	30	\$6,075	\$320	\$203	2
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	1,671	2,150	\$1,178,171	\$705	\$548	1
Assessments-Other		96111		45 Minutes	2	2	\$187	\$93	\$93	1
Neurobehavioral Status Exam	-	96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	15	92	\$13,735	\$916	\$149	6
Assessment for Autism		96118	U5	45 Minutes	4	6	\$922	\$230	\$154	2
Neuropsych test by Tech	·	96119		60 Minutes	1	4	\$320	\$320	\$80	4

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide summary Unit Service Category Measure Units Cost Cost/Case Cost/Unit Unit/Case Revenue Code HCPCS Code Modifier Cases 96119 U5 4 \$773 \$110 2 Assessment for Autism 60 Minutes \$193 Neuropsych test Admin w/Comp 96120 60 Minutes 0 0 \$0 0 96372 57 687 12 Medication Administration 60 Minutes \$27,372 \$480 \$40 Physical Therapy 97001 First 30-74 Min. 1 1 \$327 \$327 \$327 1 Physical Therapy 97002 Each Additional 30 0 0 \$0 \$0 \$0 0 Minutes Occupational Therapy 97003 Encounter 118 123 \$34,363 \$291 \$279 1 7 Occupational Therapy 97004 Encounter \$864 \$123 \$123 97110 13 436 \$13,701 \$1,054 \$31 34 Occupational or Physical Therapy Encounter 98 Occupational or Physical Therapy 97112 6 \$11,426 \$1,904 \$117 16 Encounter Occupational or Physical Therapy 97113 Encounter 0 0 \$0 \$0 \$0 0 Occupational or Physical Therapy 97116 0 0 \$0 \$0 \$0 0 Encounter 97124 Occupational or Physical Therapy 0 0 \$0 \$0 \$0 Encounter 0 Occupational or Physical Therapy 97140 Encounter 0 0 \$0 \$0 \$0 0 \$108 4 Occupational or Physical Therapy 97150 Encounter 3 12 \$325 \$27 97530 72 3,014 \$105,853 \$35 42 Occupational or Physical Therapy Encounter \$1,470 Occupational or Physical Therapy 97532 Encounter 0 0 \$0 \$0 \$0 0 Occupational or Physical Therapy 97533 Encounter 39 832 \$36,603 \$939 \$44 21 Occupational or Physical Therapy 97535 8 51 \$2,996 \$374 \$59 6 Encounter Occupational or Physical Therapy 97537 0 0 \$0 \$0 \$0 Encounter 0 Occupational or Physical Therapy 97542 Encounter 0 0 \$0 \$0 \$0 0 Occupational or Physical Therapy 97750 Encounter 0 0 \$0 \$0 \$0 0 97755 0 0 \$0 \$0 \$0 Occupational Therapy Encounter 0 Occupational or Physical Therapy 97760 Encounter 0 0 \$0 \$0 \$0 0 C/O for Orthotic/Prosth Use or Physical Therapy 97762 0 0 \$0 \$0 \$0 0 Encounter 97802 344 2.143 \$68,291 \$199 \$32 Assessment or Health Services Encounter 6 97803 413 16,843 \$513,853 \$1,244 \$31 Assessment or Health Services First Hour 41 Health Services 97804 Each Additional 15 0 \$0 0 Minutes 0 0 \$0 Substance Abuse: Acupuncture 97810 Encounter \$0 \$0 0 97811 0 0 \$0 \$0 0 Substance Abuse: Acupuncture Encounter \$0 New Patient Evaluation and Management 99201 Per Hour 9 9 \$1,041 \$116 \$116 1 U5 0 \$0 \$0 \$0 Assessment for Autism 99201 Hour 0 0 New Patient Evaluation and Management 99202 Per Hour 21 23 \$3,568 \$170 \$155

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide summary

Statewide summary Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	47	52	\$11,269	\$240	\$217	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	55	55	\$18,466	\$336	\$336	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	216	220	\$95,757	\$443	\$435	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	498	1,397	\$81,493	\$164	\$58	3
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2,088	4,661	\$584,099	\$280	\$125	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	10,275	30,321	\$4,578,610	\$446	\$151	3
Assessment for Autism		99213	U5	Encounter	2	2	\$369	\$184	\$184	1
Established Patient Evaluation and Management		99214		15 Minutes	6,995	18,972	\$3,643,060	\$521	\$192	3
Assessment for Autism		99214	U5	15 Minutes	5	5	\$1,524	\$305	\$305	1
Established Patient Evaluation and Management		99215		15 Minutes	1,153	2,305	\$820,705	\$712	\$356	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	77	88	\$7,726	\$100	\$88	1
Additional Codes-Physician Services		99222		15 Minutes	322	381	\$41,533	\$129	\$109	1
Additional Codes-Physician Services		99223		Encounter	28	28	\$2,569	\$92	\$92	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	139	401	\$28,159	\$203	\$70	3
Additional Codes-Physician Services		99232		15 Minutes	329	1,853	\$154,130	\$468	\$83	6
Additional Codes-Physician Services		99233		15 Minutes	203	538	\$52,432	\$258	\$97	3
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism	-	99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

State of Michigan

Statewide summary Unit Service Category Measure Units Cost Cost/Case Cost/Unit Unit/Case Revenue Code HCPCS Code Modifier Cases 99326 \$0 0 Assessment 15 minutes 0 0 \$0 \$0 Assessment for Autism 99326 U5 15 Minutes 0 \$0 \$0 \$0 0 99327 0 0 \$0 0 Assessment 15 Minutes \$0 \$0 U5 Assessment for Autism 99327 30 Minutes 0 0 \$0 \$0 \$0 0 Assessment 99328 Encounter 0 0 \$0 \$0 \$0 0 Assessment for Autism 99328 U5 Encounter 0 0 \$0 \$0 \$0 0 99334 0 0 \$0 \$0 \$0 0 Assessment Encounter Assessment for Autism 99334 U5 Encounter 0 0 \$0 \$0 \$0 0 Assessment 99335 Encounter 0 0 \$0 \$0 0 0 0 \$0 0 Assessment for Autism 99335 U5 Encounter \$0 \$0 99336 0 0 \$0 \$0 \$0 0 Assessment Encounter Assessment for Autism 99336 U5 Encounter 0 0 \$0 \$0 0 Assessment 99337 Encounter 0 0 \$0 \$0 \$0 0 0 U5 0 \$0 \$0 \$0 99337 0 Assessment for Autism Encounter Assessment 99341 Encounter 0 0 \$0 \$0 \$0 0 99341 U5 0 0 \$0 \$0 0 Assessment for Autism Encounter \$0 Assessment 99342 Encounter 0 0 \$0 \$0 \$0 0 Assessment for Autism 99342 U5 Encounter 0 0 \$0 \$0 \$0 0 99343 0 0 \$0 \$0 \$0 0 Assessment Encounter Assessment for Autism 99343 U5 Encounter 0 0 \$0 \$0 \$0 0 Assessment 99344 Encounter 0 0 \$0 \$0 \$0 0 Assessment for Autism 99344 U5 Encounter 0 0 \$0 \$0 0 \$0 \$0 99345 Encounter 0 0 \$0 0 Assessment Assessment for Autism 99345 U5 Encounter 0 0 \$0 \$0 \$0 0 99347 0 0 \$0 \$0 0 Assessment Encounter Assessment for Autism 99347 U5 Encounter 0 0 \$0 \$0 \$0 0 99348 Encounter 0 0 \$0 \$0 \$0 0 Assessment Assessment for Autism 99348 U5 Encounter 0 0 \$0 \$0 \$0 0 99349 0 0 \$0 \$0 \$0 0 Assessment Encounter 99349 U5 0 0 \$0 \$0 0 Assessment for Autism 30 Minutes \$0 99350 \$0 \$0 \$0 Assessment 50 Minutes 0 0 0 Assessment for Autism 99350 U5 70 Minutes 0 0 \$0 \$0 \$0 0

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Medication Administration

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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Statewide summa Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Management	Revenue code	99605	Modifici	35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	2	158	\$0	\$0	\$0	79
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	1	1	\$21	\$21	\$21	1
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	1	4	\$431	\$431	\$108	4
Additional Codes-Transportation		A0425		Encounter	37	1,261	\$7,477	\$202	\$6	34
Additional Codes-Transportation		A0427		Encounter	12	13	\$3,479	\$290	\$268	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	2	5	\$5,839	\$2,919	\$1,168	3
Family Training/Support EBP only		G0177		Encounter	2	2	\$206	\$103	\$103	1
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	5	5	\$710	\$142	\$142	1
Assessment		H0002		Encounter	8,948	18,880	\$2,471,251	\$276	\$131	2
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	3	9	\$270	\$90	\$30	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	306	2,507	\$914,123	\$2,987	\$365	8
Substance Abuse: Residential	1002	H0018		Encounter	4	136	\$17,680	\$4,420	\$130	34
Substance Abuse: Residential	1002	H0019	-	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0

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Statewide summary Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025		Encounter	479	3,489	\$551,261	\$1,151	\$158	7
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	21,544	38,105	\$8,631,028	\$401	\$227	2
Assessment for Autism		H0031	U5	Encounter	151	265	\$145,319	\$962	\$548	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	16,491	36,093	\$5,724,601	\$347	\$159	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2,282	3,825	\$631,846	\$277	\$165	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	153	247	\$24,726	\$162	\$100	2
Home Based Services		H0036		Encounter	9,880	1,047,577	\$58,503,891	\$5,921	\$56	106
Home Based Services		H0036	ST	Encounter	157	10,573	\$629,362	\$4,009	\$60	67
Peer Directed and Operated Support Services		H0038		Encounter	288	1,336	\$41,261	\$143	\$31	5
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$72,863	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	33	609	\$30,375	\$920	\$50	18
Community Living Supports in Independent living/own home		H0043		Encounter	1	35	\$5,200	\$5,200	\$149	35
Respite		H0045		Encounter	412	4,167	\$806,159	\$1,957	\$193	10
Peer Directed and Operated Support Services		H0046		Encounter	209	13,766	\$312,531	\$1,495	\$23	66
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	178	787	\$97,868	\$550	\$124	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	13	39	\$7,657	\$589	\$196	3
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	5,145	34,246	\$2,560,190	\$498	\$75	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	526	36,341	\$271,870	\$517	\$7	69
Community Living Supports (15 Minutes)		H2015		Encounter	1,787	675,879	\$4,346,037	\$2,432	\$6	378
Community Living Supports (Daily)		H2016		Encounter	3	495	\$65,410	\$21,803	\$132	165
Community Living Supports (Daily)		H2016	TF	15 Minutes	5	632	\$190,087	\$38,017	\$301	126
Community Living Supports (Daily)		H2016	TG	Per mile	84	5,051	\$1,158,669	\$13,794	\$229	60
Behavior Services		H2019		Per mile	143	9,625	\$319,252	\$2,233	\$33	67
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	56	47,664	\$1,289,621	\$23,029	\$27	851
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	21	16,343	\$335,331	\$15,968	\$21	778

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State of Michigan

Statewide summary

Statewide summar	y			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	1,769	118,447	\$10,582,170	\$5,982	\$89	67
Wraparound (SED Waiver)		H2022		Per one-way trip	251	7,944	\$1,111,676	\$4,429	\$140	32
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	12	98	\$21,906	\$1,825	\$224	8
Supported Employment Services		H2023		Per one-way trip	13	777	\$30,361	\$2,335	\$39	60
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	312	34,816	\$2,457,325	\$7,876	\$71	112
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	859	1,728	\$185,677	\$216	\$107	2
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	61	2,754	\$124,112	\$2,035	\$45	45
Family Training - EBP		S5110		Encounter	5	8	\$727	\$145	\$91	2
Family Training		S5111		Days	1,785	12,248	\$2,127,550	\$1,192	\$174	7
Family Training		S5111	НА	Days	40	251	\$56,917	\$1,423	\$227	6
Family Training		S5111	HM	Days	717	6,852	\$1,033,360	\$1,441	\$151	10
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	22	1,969	\$461,432	\$20,974	\$234	90
Respite		S5150		Days	27	7,646	\$17,002	\$630	\$2	283
Respite		S5151		Encounter	27	250	\$35,158	\$1,302	\$141	9
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	9	10	\$1,483	\$165	\$148	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	377	873	\$71,301	\$189	\$82	2
Health Services		S9446		15 minutes	6	6	\$175	\$29	\$29	1
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SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide summary Unit Measure Service Category

Part Note Note No. 1947 1948 19	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Principe Crisis Sabilitation Emplied Program \$9484 15 Minutes 277 1,641 3383,224 31,263 321 0 0 0 0 0 0 0 0 0	Health Services		S9470		15 Minutes	15	47	\$4,611	\$307	\$98	3
Residential Room and Bound Sep76 Per diem 59 61 Si44668 \$228 523 10	Prevention Services - Direct Model		S9482			638	33,525	\$1,475,445	\$2,313	\$44	53
Private Days Naming	Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	277	1,634	\$358,254	\$1,293	\$219	6
Priorie Dany Naming	Residential Room and Board		S9976		Per diem	59	611	\$14,068	\$238	\$23	10
Private Days National T1000 TD Per Disant 0 0 50	Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Darty Naroling	Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Property Conference Tri01	Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Part	Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Respite Care	Assessment		T1001		Encounter	1,711	1,750	\$268,373	\$157	\$153	1
Respite Care	Health Services		T1002		15 Minutes	3,012	8,439	\$798,396	\$265	\$95	3
Respite Care T1005 TE 15 minutes 4 10,070 \$33,467 \$83,67 \$3 2,518 Respite Care (Children's Waiver & SEID Waiver) T11005 TT 15 Minutes 329 50,799 \$212,974 \$647 \$4 154 Substance Abuss: Child String Services T1009 15 minutes 1 8 \$400 \$400 \$50 8 Substance Abuss: Child String Services T1009 15 minutes 0 0 \$50 \$50 \$50 \$8 Substance Abuss: Child String Services T1012 15 Minutes 0 0 \$50 \$50 \$50 \$8 Substance Abuss: Child String Services T1012 15 Minutes 0 0 \$50 \$50 \$50 \$50 \$60 Family Psycho-Education - EBIP T1015 Per Diem 1 1 \$113 \$113 \$113 \$113 \$113 Supports Coordination Wrap Facilitation T1016 Per Diem 2,172 \$7,610 \$2,960,387 \$1,363 \$779 \$170 Target Clave Management T1017 SE 15 Minutes 2 2 6 \$543 \$252 \$1,661 \$865 \$258 Nursing Home Mental Health Monitoring T1017 SE 15 Minutes 7 1,501 \$2,960,387 \$3,1919 \$188 \$214 Perconal Care in Licensed Specialized Residential Serting T1020 T6 Days 2 124 \$19,287 \$9,643 \$156 \$62 Perconal Care in Licensed Specialized Residential Serting T1020 T6 Days 2 124 \$19,287 \$9,643 \$156 \$62 Assessmens T1023 15 Minutes 2,875 3,752 \$2,063,584 \$3,712 \$59,643 \$156 \$62 Assessmens T1023 15 Minutes 2,875 3,752 \$2,063,584 \$3,712 \$500 \$150 \$	Respite Care		T1005		Encounter	1,506	739,350	\$2,911,115	\$1,933	\$4	491
Personal Care in Lienned Specialized Residential Setting Tilo2 Tilo3 Minutes Tilo3 Min	Respite Care		T1005	TD	Encounter	1	56	\$197	\$197	\$4	56
Substance Abuse: Child Sitting Services T1099 15 minutes 1 8 S400 \$400 \$50 8 \$50	Respite Care		T1005	TE	15 minutes	4	10,070	\$33,467	\$8,367	\$3	2,518
Permit Physical Education - EBP Till 15 Per Diem 1 1 1 11 11 11 11 11	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	329	50,799	\$212,974	\$647	\$4	154
Pernally Psycho-Education - EBP	Substance Abuse: Child Sitting Services		T1009		15 minutes	1	8	\$400	\$400	\$50	8
Supports Coordination Wrap Facilitation T1016 Per Diem 2,172 37,610 \$2,960,387 \$1,363 \$79 17 Targeted Case Management T1017 Per Diem 10,022 254,369 \$16,651,429 \$1,661 \$65 25 Nursing Home Mental Health Monitoring T1017 SE 15 Minutes 2 6 \$543 \$272 \$91 3 Personal Care in Licensed Specialized Residential Setting T1020 TF 15 Minutes 7 1,501 \$27,433 \$3,919 \$18 214 Personal Care in Licensed Specialized Residential Setting T1020 TF 15 Minutes 16 952 \$60,348 \$3,772 \$63 60 Personal Care in Licensed Specialized Residential Setting T1020 TG Days 2 124 \$19,287 \$9,643 \$156 62 Assessments T1023 TS Minutes 2,875 3,752 \$2,063,584 \$718 \$550 1 Prevention Services - Direct Model T1027 Days 31 1,100 \$40,002 \$15,844 \$455 35 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 \$25 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 \$25 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 \$25 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 \$25 Enhanced Medical Supplies or Pharmacy T2001 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Per Diem 10,022 254,369 \$16,651,429 \$1,661 \$65 25 Nursing Home Mental Health Monitoring T1017 SE 15 Minutes 2 6 \$543 \$272 \$91 3 Personal Care in Licensed Specialized Residential Setting T1020 15 Minutes 7 1,501 \$27,433 \$3,919 \$18 \$214 Personal Care in Licensed Specialized Residential Setting T1020 TF 15 Minutes 16 952 \$60,348 \$3,772 \$63 60 Personal Care in Licensed Specialized Residential Setting T1020 TG Days 2 124 \$19,287 \$9,643 \$156 62 Assessments T1023 15 Minutes 2,875 3,752 \$2,063,584 \$718 \$550 1 Prevention Services - Direct Model T1027 Days 31 1,100 \$49,092 \$1,584 \$45 \$35 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 \$2 Transportation T2001 15 minutes 0 0 \$50 \$50 \$0 Substance Abuse Services: Transportation T2002 15 Minutes 54 20,542 \$11,295 \$209 \$1 380 Substance Abuse Services: Transportation T2003 15 Minutes 0 0 50 \$50 \$0 0 Substance Abuse Services: Transportation T2003 15 Minutes 0 0 50 \$50 \$50 \$0 Transportation T2003 15 Minutes 33 43 \$9,938 \$301 \$231 1 Substance Abuse Services: Transportation T2003 15 Minutes 33 43 \$9,938 \$301 \$231 1 Substance Abuse Services: Transportation T2003 15 Minutes 0 0 0 50 50 50 50 Transportation T2003 15 Minutes 33 43 \$9,938 \$301 \$231 1 Substance Abuse Services: Transportation T2003 15 Minutes 33 43 \$9,938 \$301 \$231 1 Substance Abuse Services: Transportation T2003 15 Minutes 0 0 0 0 50 50 50 50 Transportation T2004 T2005	Family Psycho-Education - EBP		T1015		Per Diem	1	1	\$113	\$113	\$113	1
Nursing Home Mental Health Monitoring T1017 SE 15 Minutes 2 6 5543 5272 591 3 Personal Care in Licensed Specialized Residential Setting T1020 15 Minutes 7 1,501 527,433 \$3,919 \$18 214 Personal Care in Licensed Specialized Residential Setting T1020 TF 15 Minutes 16 952 \$60,348 \$3,772 \$63 60 Personal Care in Licensed Specialized Residential Setting T1020 TG Days 2 124 \$19,287 \$9,643 \$156 62 Assessments T1023 15 Minutes 2,875 3,752 \$2,063,584 \$718 \$550 1 Prevention Services - Direct Model T1027 Days 31 1,100 \$49,092 \$1,584 \$45 35 Enhanced Medical Supplies or Pharmacy T1199 Days 45 101 \$13,664 \$304 \$135 2 Tansportation T2001 15 Minutes 0 0 \$0 \$0 <td< td=""><td>Supports Coordination/Wrap Facilitation</td><td></td><td>T1016</td><td></td><td>Per Diem</td><td>2,172</td><td>37,610</td><td>\$2,960,387</td><td>\$1,363</td><td>\$79</td><td>17</td></td<>	Supports Coordination/Wrap Facilitation		T1016		Per Diem	2,172	37,610	\$2,960,387	\$1,363	\$79	17
Personal Care in Licensed Specialized Residential Setting T1020 15 Minutes 7 1,501 \$27,433 \$3,919 \$18 214 Personal Care in Licensed Specialized Residential Setting T1020 TF 15 Minutes 16 952 \$60,348 \$3,772 \$63 60 Personal Care in Licensed Specialized Residential Setting T1020 TG Days 2 124 \$19,287 \$9,643 \$156 62 Assessments T1023 15 Minutes 2,875 3,752 \$2,063,584 \$718 \$550 1 Prevention Services - Direct Model T1027 Days 31 1,100 \$49,092 \$1,584 \$45 35 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 2 Transportation T2001 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 <td>Targeted Case Management</td> <td></td> <td>T1017</td> <td></td> <td>Per Diem</td> <td>10,022</td> <td>254,369</td> <td>\$16,651,429</td> <td>\$1,661</td> <td>\$65</td> <td>25</td>	Targeted Case Management		T1017		Per Diem	10,022	254,369	\$16,651,429	\$1,661	\$65	25
Personal Care in Licensed Specialized Residential Setting T1020 TF 15 Minutes 16 952 \$60,348 \$3,772 \$63 60 Personal Care in Licensed Specialized Residential Setting T1020 TG Days 2 124 \$19,287 \$9,643 \$156 62 Assessments T1023 15 Minutes 2,875 3,752 \$2,063,584 \$718 \$550 1 Prevention Services - Direct Model T1027 Days 31 1,100 \$49,092 \$1,584 \$45 35 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 2 Transportation T2001 15 minutes 0 0 \$0<	Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	2	6	\$543	\$272	\$91	3
Personal Care in Licensed Specialized Residential Setting T1020 TG Days 2 124 \$19,287 \$9,643 \$156 62 Assessments T1023 15 Minutes 2,875 3,752 \$2,063,584 \$718 \$550 1 Prevention Services - Direct Model T1027 Days 31 1,100 \$49,092 \$1,584 \$45 35 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 2 Transportation T2001 15 minutes 0 0 \$0 <td< td=""><td>Personal Care in Licensed Specialized Residential Setting</td><td></td><td>T1020</td><td></td><td>15 Minutes</td><td>7</td><td>1,501</td><td>\$27,433</td><td>\$3,919</td><td>\$18</td><td>214</td></td<>	Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	7	1,501	\$27,433	\$3,919	\$18	214
Assessments T1023 15 Minutes 2,875 3,752 \$2,063,584 \$718 \$550 1 Prevention Services - Direct Model T1027 Days 31 1,100 \$49,092 \$1,584 \$45 35 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 2 Transportation T2001 15 minutes 0 0 \$0	Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	16	952	\$60,348	\$3,772	\$63	60
Prevention Services - Direct Model T1027 Days 31 1,100 \$49,092 \$1,584 \$45 35 Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 2 Transportation T2001 15 minutes 0 0 \$0 <td>Personal Care in Licensed Specialized Residential Setting</td> <td></td> <td>T1020</td> <td>TG</td> <td>Days</td> <td>2</td> <td>124</td> <td>\$19,287</td> <td>\$9,643</td> <td>\$156</td> <td>62</td>	Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	124	\$19,287	\$9,643	\$156	62
Enhanced Medical Supplies or Pharmacy T1999 Days 45 101 \$13,664 \$304 \$135 2 Transportation T2001 15 minutes 0 0 \$0	Assessments		T1023		15 Minutes	2,875	3,752	\$2,063,584	\$718	\$550	1
Transportation T2001 15 minutes 0 0 \$0	Prevention Services - Direct Model		T1027		Days	31	1,100	\$49,092	\$1,584	\$45	35
Substance Abuse Services: Transportation T2001 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 380 Transportation T2002 15 Minutes 0 0 \$0	Enhanced Medical Supplies or Pharmacy		T1999		Days	45	101	\$13,664	\$304	\$135	2
Transportation T2002 15 Minutes 54 20,542 \$11,295 \$209 \$1 380 Substance Abuse Services: Transportation T2002 15 Minutes 0 0 \$0	Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation T2002 15 Minutes 0 0 \$0	Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation T2003 15 Minutes 33 43 \$9,938 \$301 \$231 1 Substance Abuse Services: Transportation T2003 Hour 0 0 \$0	Transportation		T2002		15 Minutes	54	20,542	\$11,295	\$209	\$1	380
Substance Abuse Services: Transportation T2003 Hour 0 0 \$0	Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
	Transportation		T2003		15 Minutes	33	43	\$9,938	\$301	\$231	1
Transportation T2004 Per Diem 0 0 \$0 </td <td>Substance Abuse Services: Transportation</td> <td></td> <td>T2003</td> <td></td> <td>Hour</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
	Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category State of Michigan

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide summa	ry			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	90	1,219	\$71,120	\$790	\$58	14
Fiscal Intermediary Services		T2025		15 Minutes	329	2,476	\$96,383	\$293	\$39	8
Enhanced Medical Equipment-Supplies		T2028		Encounter	3	4	\$59	\$20	\$15	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	1	1	\$254	\$254	\$254	1
Crisis Intervention		T2034		Encounter	2	6	\$36,037	\$18,019	\$6,006	3
Respite Care		T2036		Encounter	250	1,526	\$140,198	\$561	\$92	6
Respite Care		T2037		Days	216	2,241	\$192,076	\$889	\$86	10
Housing Assistance		T2038		Days	4	4	\$2,887	\$722	\$722	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	20	71	\$15,743	\$787	\$222	4
Pharmacy (Drugs and Other Biologicals)				Encounter	103	0	\$90,415	\$878	\$0	0
Other				Month	77	0	\$12,961	\$168	\$0	0
Aggregate for 'J' Codes		ALL		Service	8	0	\$50,225	\$6,278	\$0	0
Total Population and Cost					45,683		\$205,716,996			

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	100	7,273	\$3,286,019	\$32,860	\$452	73
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	1	17	\$3,791	\$3,791	\$223	17
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	325	4,848	\$2,771,021	\$8,526	\$572	15
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	429	4,504	\$2,683,927	\$6,256	\$596	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of treatments	31	44	\$7,210	\$233	\$164	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	6	155	\$112,904	\$18,817	\$728	26
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	119	963	\$266,207	\$2,237	\$276	8
Outpatient Partial Hospitalization	0913			# of visits	1	4	\$178	\$178	\$44	4
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0

Statewide Service Category	e Summary Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Other Th Services	erapeutic 0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	212	577	\$14,106	\$67	\$24	3
Assessment for Autism		90785	U5	Per Screen	162	188	\$718	\$4	\$4	1
Assessment		90791			1,020	1,202	\$336,615	\$330	\$280	1
Assessment for Autism		90791	U5		2	2	\$608	\$304	\$304	1
Assessment		90792		Encounter	2,361	2,728	\$835,465	\$354	\$306	1
Assessment for Autism		90792	U5	Encounter	12	13	\$2,911	\$243	\$224	1
Mental Health: Outpatient Care		90832		Encounter	2,128	9,097	\$608,998	\$286	\$67	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	2	2	\$54	\$27	\$27	1
Assessment		90833		Encounter	4	5	\$663	\$166	\$133	1
Assessment for Autism		90833	U5	Encounter	3	3	\$277	\$92	\$92	1
Mental Health: Outpatient Care		90834		Encounter	3,438	20,842	\$2,118,610	\$616	\$102	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	4	8	\$1,489	\$372	\$186	2
Assessment		90836		Encounter 20-30 Min	3	5	\$975	\$325	\$195	2
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	2,118	10,686	\$1,717,145	\$811	\$161	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	2	2	\$256	\$128	\$128	1
Assessment		90838		Encounter 45-50 Min	5	5	\$1,644	\$329	\$329	1
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	11	25	\$3,390	\$308	\$136	2
Psychotherapy for Crisis Each Additional 30 Mi	nutes	90840		Encounter 45-50 Min	1	5	\$567	\$567	\$113	5
Therapy-Family Therapy		90846		Encounter 75-80 Min	609	1,997	\$257,524	\$423	\$129	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	2,007	10,999	\$1,253,453	\$625	\$114	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	1	1	\$230	\$230	\$230	1
Therapy-Family Therapy		90849		Encounter 20-30 Min	11	46	\$5,770	\$525	\$125	4
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	16	27	\$1,784	\$112	\$66	2

SUB-ELEMENT COST REPORT: Fiscal Year 2014

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	658	6,406	\$703,924	\$1,070	\$110	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	1	5	\$546	\$546	\$109	5
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	3	64	\$54,490	\$18,163	\$851	21
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter 75-80 Min	1,068	1,189	\$199,370	\$187	\$168	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	245	294	\$57,996	\$237	\$197	1
Speech & Language Therapy		92507		Encounter 75-80 Min	995	20,997	\$1,767,966	\$1,777	\$84	21
Speech & Language Therapy		92508		Encounter 75-80 Min	21	162	\$4,467	\$213	\$28	8
Speech & Language Therapy		92521		Encounter 20-30 Min	5	5	\$763	\$153	\$153	1
Speech & Language Therapy		92522		Encounter 20-30 Min	18	18	\$2,697	\$150	\$150	1
Speech & Language Therapy		92523		Encounter 45-50 Min	427	442	\$82,135	\$192	\$186	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	15	56	\$4,406	\$294	\$79	4
Speech & Language Therapy		92610		Encounter 75-80 Min	833	884	\$209,283	\$251	\$237	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1,653	5,964	\$750,691	\$454	\$126	4
Assessment for Autism		96101	U5	Encounter 75-80 Min	533	2,311	\$357,806	\$671	\$155	4
Psychological Testing by Technician		96102		Encounter 75-80 Min	60	133	\$24,180	\$403	\$182	2
Assessment for Autism		96102	U5	30 Minutes	2	2	\$840	\$420	\$420	1
Psychological Testing by Comp		96103		30 Minutes	1	2	\$157	\$157	\$78	2
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	121	137	\$46,137	\$381	\$337	1
Assessments-Other		96111		45 Minutes	404	906	\$94,263	\$233	\$104	2
Neurobehavioral Status Exam		96116		45 Minutes	461	2,526	\$185,606	\$403	\$73	5
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	75	169	\$36,070	\$481	\$213	2
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summary Unit Service Category Revenue Code HCPCS Code Modifier Cases Cost Cost/Case Cost/Unit Unit/Case Measure Units U5 3 96119 39 101 \$6,721 \$172 \$67 Assessment for Autism 60 Minutes Neuropsych test Admin w/Comp 60 Minutes 0 0 \$0 \$0 0 430 Medication Administration 96372 60 Minutes 7,228 \$553,877 \$1,288 \$77 17 Physical Therapy 97001 First 30-74 Min 459 491 \$119,986 \$261 \$244 1 Physical Therapy 97002 Each Additional 30 13 20 \$2,573 \$198 \$129 2 Minutes 2,327 Occupational Therapy 97003 Encounter 2,486 \$795,888 \$342 \$320 1 Occupational Therapy 97004 Encounter 871 1,022 \$155,309 \$178 \$152 1 871 \$1,375 58 Occupational or Physical Therapy 97110 Encounter 50,441 \$1,198,038 \$24 12 Occupational or Physical Therapy 97112 Encounter 26 309 \$16,736 \$644 \$54 Occupational or Physical Therapy 97113 Encounter 21 361 \$6,863 \$327 \$19 17 14 Occupational or Physical Therapy 97116 Encounter 124 \$18,056 \$2,006 \$146 Occupational or Physical Therapy 97124 Encounter 53 4,674 \$93,425 \$1,763 \$20 88 Occupational or Physical Therapy 97140 Encounter 5 210 \$14,503 \$2,901 \$69 42 Occupational or Physical Therapy 97150 Encounter 36 223 \$3,024 \$84 \$14 6 97530 725 43,029 \$1,475,212 \$2,035 \$34 59 Occupational or Physical Therapy Encounter 97532 Occupational or Physical Therapy Encounter 0 0 \$0 0 Occupational or Physical Therapy 97533 Encounter 135 9,476 \$163,996 \$1,215 \$17 70 97535 201 2,009 \$217,408 \$1,082 \$108 10 Occupational or Physical Therapy Encounter Occupational or Physical Therapy 97537 Encounter 0 0 \$0 \$0 \$0 0 Occupational or Physical Therapy 97542 Encounter 168 1,596 \$323,498 \$1,926 \$203 10 97750 Occupational or Physical Therapy 0 0 \$0 \$0 \$0 0 Encounter 7 Occupational Therapy 97755 Encounter 30 \$3,276 \$468 \$109 4 Occupational or Physical Therapy 97760 Encounter 5 21 \$1,817 \$363 \$87 4 Prosthetic Training (Children's Waiver) 97761 Encounter 0 0 \$0 \$0 \$0 0 C/O for Orthotic/Prosth Use or Physical Therapy 97762 Encounter 4 13 \$410 \$102 \$32 3 Assessment or Health Services 97802 Encounter 494 2,573 \$137,025 \$277 \$53 5 Assessment or Health Services 97803 First Hour 571 3,725 \$242,433 \$425 \$65 22 47 \$352 Health Services 97804 Each Additional 15 \$16,531 \$751 Minutes Substance Abuse: Acupuncture 97810 Encounter 0 0 \$0 \$0 \$0 0 0 \$0 \$0 97811 Encounter 0 \$0 0 Substance Abuse: Acupuncture New Patient Evaluation and Management 99201 Per Hour 10 10 \$542 \$54 \$54 1 Assessment for Autism 99201 U5 \$33 \$33 \$33 1 New Patient Evaluation and Management 99202 Per Hour 4 4 \$926 \$231 \$231

State of Michigan SUB-ELEMENT COST REPORT: Fiscal Year 2014 Persons with Intellectual/Developmental Disabilities

Statewide Summary

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	24	25	\$5,541	\$231	\$222	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	30	30	\$9,745	\$325	\$325	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	106	108	\$44,012	\$415	\$408	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	197	709	\$83,710	\$425	\$118	4
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2,528	5,000	\$487,283	\$193	\$97	2
Assessment for Autism		99212	U5	Encounter	1	2	\$146	\$146	\$73	2
Established Patient Evaluation and Management		99213		Encounter	8,099	22,741	\$2,853,698	\$352	\$125	3
Assessment for Autism		99213	U5	Encounter	11	15	\$1,220	\$111	\$81	1
Established Patient Evaluation and Management		99214		15 Minutes	6,758	18,584	\$3,312,783	\$490	\$178	3
Assessment for Autism		99214	U5	15 Minutes	12	39	\$2,701	\$225	\$69	3
Established Patient Evaluation and Management		99215		15 Minutes	963	1,640	\$573,589	\$596	\$350	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	13	15	\$1,046	\$80	\$70	1
Additional Codes-Physician Services		99222		15 Minutes	58	78	\$7,856	\$135	\$101	1
Additional Codes-Physician Services		99223		Encounter	19	22	\$1,717	\$90	\$78	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	51	247	\$11,726	\$230	\$47	5
Additional Codes-Physician Services		99232		15 Minutes	75	393	\$29,942	\$399	\$76	5
Additional Codes-Physician Services		99233		15 Minutes	37	101	\$8,559	\$231	\$85	3
Assessment	-	99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment	-	99325	•	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism	-	99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment	-	99326	-	15 minutes	0	0	\$0	\$0	\$0	0
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SUB-ELEMENT COST REPORT: Fiscal Year 2014 Persons with Intellectual/Developmental Disabilities

	Statewide Summary			Unit						
Service Category	Revenue Co		Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	20	41	\$4,611	\$231	\$112	2
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	42	127	\$27,991	\$666	\$220	3
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	6	7	\$1,864	\$311	\$266	1
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	1	1	\$326	\$326	\$326	1
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	1	1	\$680	\$680	\$680	1
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	6	35	\$2,236	\$373	\$64	6
Medication Administration (Children	's Waiver)	99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summary Service Category	Revenue Code	HCPCS Code	Modifier	Unit	Cases	***	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation	Revenue Code	A0080	Woullei	Measure 15 Minutes	Cases 5	Units 2,745	\$1,510	\$302	\$1	549
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	3	23	\$2,951	\$984	\$128	8
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	43	487	\$9,780	\$227	\$20	11
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	45	3,547	\$77,758	\$1,728	\$22	79
Transportation		A0130		Encounter	4	964	\$22,718	\$5,680	\$24	241
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	1	11	\$308	\$308	\$28	11
Additional Codes-Transportation		A0425		Encounter	5	366	\$4,826	\$965	\$13	73
Additional Codes-Transportation		A0427		Encounter	4	4	\$464	\$116	\$116	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	311	464	\$302,141	\$972	\$651	1
Activity Therapy (Children's Waiver)		G0176		Encounter	175	6,020	\$424,993	\$2,429	\$71	34
Family Training/Support EBP only		G0177		Encounter	11	64	\$8,098	\$736	\$127	6
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2,092	2,457	\$593,222	\$284	\$241	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	1	1	\$30	\$30	\$30	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	74	657	\$228,392	\$3,086	\$348	9
Substance Abuse: Residential	1002	H0018		Encounter	3	22	\$10,345	\$3,448	\$470	7
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	1	24	\$168	\$168	\$7	24
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	74	3,295	\$184,769	\$2,497	\$56	45
Prevention Services - Direct Model		H0025		Encounter	76	486	\$72,597	\$955	\$149	6

SUB-ELEMENT COST REPORT: Fiscal Year 2014

	ntewide Summary				Unit						
Service Category Crisis Intervention		Revenue Code	HCPCS Code H0030	Modifier	Measure Encounter	Cases 0	Units	Cost \$0	Cost/Case \$0	Cost/Unit \$0	Unit/Case 0
Assessment			H0030		Encounter	13,368	20,398	\$4,574,247	\$342	\$224	2
				U5					\$717		
Assessment for Autism	4		H0031	HW	Encounter	810	1,668	\$580,987	\$376	\$348	1
Support Intensity Scale (SIS) Face-to-Fa	ce Assessment		H0031 H0032	ПVV	Encounter	463	20.822	\$174,027 \$5,329,122	\$493	\$375	
Treatment Planning					Encounter	10,805	29,833			\$179	3
Monitoring of Treatment - Clinician	0.1		H0032	TS	Encounter	5,186	21,979	\$4,902,068	\$945	\$223	4
Substance Abuse: Pharmalogical Support	- Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services			H0034		Encounter	313	1,126	\$73,124	\$234	\$65	4
Home Based Services			H0036		Encounter	509	63,266	\$3,423,971	\$6,727	\$54	124
Home Based Services			H0036	ST	Encounter	21	1,243	\$76,371	\$3,637	\$61	59
Peer Directed and Operated Support Ser			H0038		Encounter	313	23,701	\$437,266	\$1,397	\$18	76
Substance Abuse: Recovery Support Ser			H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Ser	vices		NA		Encounter	0	0	\$188,401	\$0	\$0	0
Assertive Community Treatment (ACT)			H0039		Encounter	102	16,272	\$925,594	\$9,074	\$57	160
Community Living Supports in Independent	ent living/own home		H0043		Encounter	3,680	1,019,798	\$165,235,668	\$44,901	\$162	277
Respite			H0045		Encounter	1,467	17,980	\$2,995,257	\$2,042	\$167	12
Peer Directed and Operated Support Ser	vices		H0046		Encounter	240	9,242	\$174,803	\$728	\$19	39
Substance Abuse: Laboratory			H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment		0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review			H2000		Encounter	2,504	5,425	\$900,229	\$360	\$166	2
Behavior Treatment Plan Review - Monit	toring Activities		H2000	TS	Encounter	2,316	9,878	\$1,324,365	\$572	\$134	4
Comprehensive Medication Services - EF	BP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention			H2011		Encounter	735	4,845	\$425,242	\$579	\$88	7
Skill-Building and Out of Home Non Vo	cational Habilitation		H2014		Encounter	13,966	34,352,858	\$125,285,585	\$8,971	\$4	2,460
Community Living Supports (15 Minutes	:)		H2015		Encounter	17,114	60,405,819	\$217,675,486	\$12,719	\$4	3,530
Community Living Supports (Daily)			H2016		Encounter	2,128	525,606	\$22,661,524	\$10,649	\$43	247
Community Living Supports (Daily)			H2016	TF	15 Minutes	2,132	492,980	\$33,677,329	\$15,796	\$68	231
Community Living Supports (Daily)			H2016	TG	Per mile	5,389	1,514,176	\$196,308,540	\$36,428	\$130	281
Behavior Services			H2019		Per mile	186	37,901	\$756,022	\$4,065	\$20	204
Applied Behavioral Intervention (ABI).			H2019	U5	Per one-way trip	395	214,472	\$4,129,486	\$10,454	\$19	543
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	281	195,563	\$3,392,012	\$12,071	\$17	696
Crisis Intervention			H2020		Per one-way trip	2	119	\$79,397	\$39,699	\$667	60
Wraparound			H2021		Per one-way trip	92	6,775	\$471,436	\$5,124	\$70	74
Supported Employment Services			H2023		Per one-way trip	4,301	4,226,896	\$27,196,628	\$6,323	\$6	983

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summa Service Category	ary Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Mental Health Therapy		H2027		Mediate	0	0	\$349,922	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	292	427,498	\$2,282,030	\$7,815	\$5	1,464
Home Based Services		H2033		Items	10	1,171	\$70,510	\$7,051	\$60	117
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Wa	aiver)	K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	1,625	5,354	\$648,608	\$399	\$121	3
Transportation		S0209		Encounter	394	736,054	\$364,789	\$926	\$0	1,868
Transportation		S0215		Encounter	436	1,277,054	\$319,347	\$732	\$0	2,929
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	500	28,890	\$1,287,721	\$2,575	\$45	58
Family Training - EBP		S5110		Encounter	12	84	\$10,717	\$893	\$128	7
Family Training		S5111		Days	2,261	11,819	\$1,759,428	\$778	\$149	5
Family Training		S5111	HA	Days	7	8	\$1,465	\$209	\$183	1
Family Training		S5111	НМ	Days	119	1,398	\$167,334	\$1,406	\$120	12
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	274	1,272	\$259,691	\$948	\$204	5
Foster Care		S5140		Days	3	1,082	\$319,252	\$106,417	\$295	361
Foster Care		S5145		Days	5	1,022	\$153,932	\$30,786	\$151	204
Respite		S5150		Days	422	166,955	\$345,308	\$818	\$2	396
Respite		S5151		Encounter	941	18,087	\$1,399,110	\$1,487	\$77	19
Personal Emergency Response System (PERS)		S5160		Encounter	17	17	\$3,518	\$207	\$207	1
Personal Emergency Response System (PERS)		S5161		Encounter	259	2,629	\$2,090,220	\$8,070	\$795	10
Environmental Modification		S5165		Face to Face Contact	91	111	\$517,602	\$5,688	\$4,663	1
Enhanced Medical Equipment-Supplies		S5199		Per Service	768	1,665	\$539,154	\$702	\$324	2
Occupational or Physical Therapy		S8990		Encounter	303	960	\$202,550	\$668	\$211	3
Private Duty Nursing	0582	S9123		Encounter	5	13,707	\$644,196	\$128,839	\$47	2,741
Private Duty Nursing		S9123		Encounter	8	13,024	\$426,584	\$53,323	\$33	1,628
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	10	22,273	\$694,919	\$69,492	\$31	2,227
Private Duty Nursing		S9124		15 Minutes	14	29,092	\$903,470	\$64,534	\$31	2,078
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure 15 Minutes	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9445		15 Minutes	1,808	4,604	\$321,759	\$178	\$70	3
Health Services		S9446		15 minutes	166	1,798	\$389,789	\$2,348	\$217	11
Health Services		S9470		15 Minutes	775	1,628	\$310,075	\$400	\$190	2
Prevention Services - Direct Model		S9482			33	935	\$161,652	\$4,899	\$173	28
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	163	562	\$201,034	\$1,233	\$358	3
Residential Room and Board		S9976		Per diem	215	65,627	\$2,074,250	\$9,648	\$32	305
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	9	75,568	\$607,322	\$67,480	\$8	8,396
Private Duty Nursing		T1000	TD	Per Diem	24	130,976	\$1,057,554	\$44,065	\$8	5,457
Private Duty Nursing		T1000	TE	Encounter	33	179,546	\$1,393,221	\$42,219	\$8	5,441
Assessment		T1001		Encounter	4,450	4,877	\$1,358,972	\$305	\$279	1
Health Services		T1002		15 Minutes	5,441	41,123	\$4,017,153	\$738	\$98	8
Respite Care		T1005		Encounter	7,737	8,127,700	\$27,511,469	\$3,556	\$3	1,050
Respite Care		T1005	TD	Encounter	27	41,385	\$417,776	\$15,473	\$10	1,533
Respite Care		T1005	TE	15 minutes	135	288,414	\$2,198,643	\$16,286	\$8	2,136
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	386	331,515	\$1,252,761	\$3,245	\$4	859
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
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Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services Family Psycho-Education - EBP		T1012		15 Minutes Per Diem	0	16	\$0 \$2,329	\$0 \$212	\$0 \$146	1
Family Psycho-Education - EBP		T1015		Per Diem	11	16	\$2,329	\$212	\$146	1
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation		T1015 T1016	SE	Per Diem Per Diem	37,343	16	\$2,329 \$99,208,120	\$212 \$2,657	\$146 \$90	1 29
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management		T1015 T1016 T1017	SE	Per Diem Per Diem Per Diem	37,343 5,943	16 1,099,861 170,404	\$2,329 \$99,208,120 \$12,978,848	\$212 \$2,657 \$2,184	\$146 \$90 \$76	29 29
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring		T1015 T1016 T1017 T1017	SE TF	Per Diem Per Diem Per Diem 15 Minutes	37,343 5,943 291	16 1,099,861 170,404 5,612	\$2,329 \$99,208,120 \$12,978,848 \$380,713	\$212 \$2,657 \$2,184 \$1,308	\$146 \$90 \$76 \$68	29 29 19
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting		T1015 T1016 T1017 T1017 T1020		Per Diem Per Diem Per Diem 15 Minutes	11 37,343 5,943 291 4,140	16 1,099,861 170,404 5,612 963,353	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259	\$212 \$2,657 \$2,184 \$1,308 \$5,661	\$146 \$90 \$76 \$68 \$24	1 29 29 19 233
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Personal Care in Licensed Specialized Residential Setting		T1015 T1016 T1017 T1017 T1020 T1020	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes	11 37,343 5,943 291 4,140 2,768	16 1,099,861 170,404 5,612 963,353 672,558	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932	\$212 \$2,657 \$2,184 \$1,308 \$5,661 \$13,421	\$146 \$90 \$76 \$68 \$24	1 29 29 19 233 243
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Personal Care in Licensed Specialized Residential Setting Personal Care in Licensed Specialized Residential Setting		T1015 T1016 T1017 T1017 T1020 T1020 T1020	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes 15 Minutes Days	11 37,343 5,943 291 4,140 2,768 3,265	16 1,099,861 170,404 5,612 963,353 672,558 870,512	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932 \$89,377,596	\$2,657 \$2,184 \$1,308 \$5,661 \$13,421 \$27,374	\$146 \$90 \$76 \$68 \$24 \$55	1 29 29 19 233 243 267
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Personal Care in Licensed Specialized Residential Setting Personal Care in Licensed Specialized Residential Setting Assessments		T1015 T1016 T1017 T1017 T1020 T1020 T1020 T1020 T1023	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes 15 Minutes 15 Minutes Days 15 Minutes	11 37,343 5,943 291 4,140 2,768 3,265 734	16 1,099,861 170,404 5,612 963,353 672,558 870,512 1,340	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932 \$89,377,596 \$621,103	\$2,657 \$2,657 \$2,184 \$1,308 \$5,661 \$13,421 \$27,374 \$846	\$146 \$90 \$76 \$68 \$24 \$55 \$103	1 29 29 19 233 243 267 2
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Prevention Services - Direct Model		T1015 T1016 T1017 T1017 T1020 T1020 T1020 T1022 T1023 T1027	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes 15 Minutes 15 Minutes Days 15 Minutes Days	11 37,343 5,943 291 4,140 2,768 3,265 734 2	16 1,099,861 170,404 5,612 963,353 672,558 870,512 1,340 29	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932 \$89,377,596 \$621,103 \$1,172	\$212 \$2,657 \$2,184 \$1,308 \$5,661 \$13,421 \$27,374 \$846 \$586	\$146 \$90 \$76 \$68 \$24 \$55 \$103 \$464 \$40	1 29 29 19 233 243 267 2
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Personal Care in Licensed Specialized Residential Setting Personal Care in Licensed Specialized Residential Setting Assessments Prevention Services - Direct Model Enhanced Medical Supplies or Pharmacy		T1015 T1016 T1017 T1017 T1020 T1020 T1020 T1023 T1027 T1999	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes 15 Minutes Days Days Days Days	11 37,343 5,943 291 4,140 2,768 3,265 734 2	16 1,099,861 170,404 5,612 963,353 672,558 870,512 1,340 29 11,858	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932 \$89,377,596 \$621,103 \$1,172 \$683,679	\$212 \$2,657 \$2,184 \$1,308 \$5,661 \$13,421 \$27,374 \$846 \$586	\$146 \$90 \$76 \$68 \$24 \$55 \$103 \$464 \$40	1 29 29 19 233 243 267 2 15
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Assessments Prevention Services - Direct Model Enhanced Medical Supplies or Pharmacy Transportation		T1015 T1016 T1017 T1017 T1020 T1020 T1020 T1023 T1027 T1999 T2001	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes 15 Minutes Days 15 Minutes Days 15 Minutes Days	11 37,343 5,943 291 4,140 2,768 3,265 734 2 1,163 4	16 1,099,861 170,404 5,612 963,353 672,558 870,512 1,340 29 11,858 864	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932 \$89,377,596 \$621,103 \$1,172 \$683,679 \$12,753	\$2,657 \$2,657 \$2,184 \$1,308 \$5,661 \$13,421 \$27,374 \$846 \$586 \$588	\$146 \$90 \$76 \$68 \$24 \$55 \$103 \$464 \$40 \$58	1 29 29 19 233 243 267 2 15
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Prevention Services - Direct Model Enhanced Medical Supplies or Pharmacy Transportation Substance Abuse Services: Transportation		T1015 T1016 T1017 T1017 T1017 T1020 T1020 T1020 T1023 T1027 T1999 T2001 T2001	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes 15 Minutes Days 15 Minutes Days 15 Minutes Days 15 Minutes	11 37,343 5,943 291 4,140 2,768 3,265 734 2 1,163 4	16 1,099,861 170,404 5,612 963,353 672,558 870,512 1,340 29 11,858 864	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932 \$89,377,596 \$621,103 \$1,172 \$683,679 \$12,753	\$212 \$2,657 \$2,184 \$1,308 \$5,661 \$13,421 \$27,374 \$846 \$586 \$588 \$3,188	\$146 \$90 \$76 \$68 \$24 \$55 \$103 \$464 \$40 \$58 \$15	1 29 29 19 233 243 267 2 15 10 216
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Assessments Prevention Services - Direct Model Enhanced Medical Supplies or Pharmacy Transportation Substance Abuse Services: Transportation Transportation		T1015 T1016 T1017 T1017 T1020 T1020 T1020 T1023 T1027 T1999 T2001 T2001 T2002	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes 15 Minutes Days 15 Minutes Days 15 Minutes Days 15 Minutes 15 Minutes	11 37,343 5,943 291 4,140 2,768 3,265 734 2 1,163 4 0	16 1,099,861 170,404 5,612 963,353 672,558 870,512 1,340 29 11,858 864 0	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932 \$89,377,596 \$621,103 \$1,172 \$683,679 \$12,753 \$0 \$1,060,713	\$212 \$2,657 \$2,184 \$1,308 \$5,661 \$13,421 \$27,374 \$846 \$586 \$588 \$3,188 \$0 \$1,509	\$146 \$90 \$76 \$68 \$24 \$55 \$103 \$464 \$40 \$58 \$15 \$0 \$2	1 29 29 19 233 243 267 2 15 10 216 0
Family Psycho-Education - EBP Supports Coordination/Wrap Facilitation Targeted Case Management Nursing Home Mental Health Monitoring Personal Care in Licensed Specialized Residential Setting Assessments Prevention Services - Direct Model Enhanced Medical Supplies or Pharmacy Transportation Substance Abuse Services: Transportation Transportation Substance Abuse Services: Transportation		T1015 T1016 T1017 T1017 T1020 T1020 T1020 T1023 T1027 T1999 T2001 T2001 T2002	TF	Per Diem Per Diem Per Diem 15 Minutes 15 Minutes 15 Minutes Days 15 Minutes Days 15 Minutes Days 15 Minutes Days 15 Minutes 15 Minutes 15 Minutes 15 Minutes	11 37,343 5,943 291 4,140 2,768 3,265 734 2 1,163 4 0 703	16 1,099,861 170,404 5,612 963,353 672,558 870,512 1,340 29 11,858 864 0 570,202	\$2,329 \$99,208,120 \$12,978,848 \$380,713 \$23,435,259 \$37,149,932 \$89,377,596 \$621,103 \$1,172 \$683,679 \$12,753 \$0 \$1,060,713	\$212 \$2,657 \$2,184 \$1,308 \$5,661 \$13,421 \$27,374 \$846 \$586 \$588 \$3,188 \$0 \$1,509	\$146 \$90 \$76 \$68 \$24 \$55 \$103 \$464 \$40 \$58 \$15 \$0 \$2 \$0	1 29 29 19 233 243 267 2 15 10 216 0

CMHSP Cost Data by Service Category State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Statewide Summar	у			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2004		Per Diem	450	4,010	\$1,192,821	\$2,651	\$297	9
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	1	204	\$12,328	\$12,328	\$60	204
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	675	519,067	\$7,329,253	\$10,858	\$14	769
Targeted Case Management (Children's Waiver)		T2023		Per Mile	372	3,719	\$1,405,581	\$3,778	\$378	10
Prevention Services - Direct Model		T2024		15 Minutes	1	4	\$80	\$80	\$20	4
Fiscal Intermediary Services		T2025		15 Minutes	7,611	77,217	\$6,624,355	\$870	\$86	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	71	166	\$38,865	\$547	\$234	2
Enhanced Medical Equipment-Supplies		T2029		Encounter	74	1,195	\$94,218	\$1,273	\$79	16
Crisis Intervention		T2034		Encounter	11	105	\$61,271	\$5,570	\$584	10
Respite Care		T2036		Encounter	381	18,354	\$325,111	\$853	\$18	48
Respite Care		T2037		Days	111	1,632	\$90,938	\$819	\$56	15
Housing Assistance		T2038		Days	940	5,854	\$2,702,373	\$2,875	\$462	6
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	19	25	\$78,566	\$4,135	\$3,143	1
Goods and Services		T5999	HK	Per Diem	1	50	\$835	\$835	\$17	50
Wraparound Services		T5999		Per diem	4	7	\$2,599	\$650	\$371	2
Pharmacy (Drugs and Other Biologicals)				Encounter	644	0	\$174,109	\$270	\$0	0
Other				Month	462	0	\$186,936	\$405	\$0	0
Aggregate for 'J' Codes		ALL		Service	75	0	\$652,893	\$8,705	\$0	0
Total Population and Cost					46,981		\$1,207,558,805			